U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only
	( AUG 1 7 2005 )
E	O. B. PROT

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - Change Control of the Control of	2. Fiscal Year Covered From:
1/533	14 / TI / 2004 Through: [12] / (97) / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Raymond n Chamberladn	Name [Chicago.Regional:Council, of Carpenters]
	Labor Organization File Number
P.O. Box, Bldg., Room No., If any Spice 202	P.O. Box, Building and Room Number, if any
Street 930 North York, Road	Street 12 East Brie
Chy Hinsdale	City Chilago Line 1990 Lin
State TiTinois ZIP Code + 4 60521	State 1101mons 2001 101 101 101 201 ZIP Code + 4 60512 101 101
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

6. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction. or Income.
Name	A many department of the control of
Trade Name, if any:	Villes Annielfelten von der geginglicheten. I seine Pointement Printement von der bei der bei der
P.O. Box, Bidg., Room No., if any	7.b. Amount
Street Street	
City (Sangar Maria Liver of the control of the cont	and the state of a plane property of the property of the state of the
State ZIP Code + 4	Z Sas

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Date

Telephone Number

Name of Person Filing Raymond Chamberlain

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (Including trade name, If any).  Name Whitfield & McGann (1987)	9. Business deals with:	-			
P.O. Box, Bldg., Room No., if any Suite: 2601  Street Two North Lassile.  City Chicago: ZIP Code + 4 60602	b. Trust  c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11,a, Nature of such dealing.				
Name Name 1000 1000 1000 1000 1000 1000 1000 10	Received ham during the Roliday S	eason; 12/04			
Trade Name, if any:	11.a. Nature of such dealing.  Received ham during the Ecliday S	of the state of th			
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Street [Militaria] (Tablica) (Tablica) (Tablica) (Tablica)	11.b. Approximate dollar value of such dealing.	[2 27 18 28 18 18 18 18 18 18 18 18 18 18 18 18 18			
City City City City City City City City	12.a. Nature of interest held or Income received.	webstrops,			
State   Transfer   Tra	12. a. Nature of interest held or income received.  Let a many marked in the property of the p	and an amount of the second of			
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Lebor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	The state of the s			
Name	the property of the second of the property of the second of the second of the property of the second	Thinks are presented in the property of the control			
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City State 2 S	14.a. Nature of payment.  January Marian Company of the company of	Agent and the property of the			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	in questi (1978) de la companya del companya de la companya del companya de la companya del compa			

## DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Signature

Date